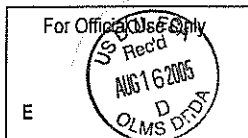


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



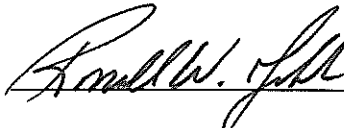
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18155	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Ronald W Gibbs P.O. Box, Bldg., Room No., if any Street 4212 Four Seasons Trail City Erie State Pennsylvania ZIP Code + 4 16506	4. Name, file number, and address of labor organization. Name General Teamsters Local Union No. 397 Labor Organization File Number 011-023 P.O. Box, Building and Room Number, if any Street 1344 East 11th Street City Erie State Pennsylvania ZIP Code + 4 16503-1716
5. Position in labor organization. Union Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/05 Date	(814) 454-1516 Telephone Number

Name of Person Filing Ronald Gibbs		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling to, or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any): Name Western PA Teamsters & Employers Welfare Fund Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 50 Penn Circle West City Pittsburgh State Pennsylvania ZIP Code + 4 15206-3612		9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><i>See Attached Items Reimbursed Expenses</i></p> <p>Reimbursement to Union Trustee or payments to 3rd Parties for Union Trustee's expenses in conjunction with participation in meetings and conferences on behalf of the Employer/Welfare Fund.</p> </div>		13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any): Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
14.b. Amount of payment. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	

Western Pennsylvania Teamsters and Employers Welfare Fund
Form LM10 Expense Reporting
Ronald W. Gibbs, Union Trustee

11a Date	11b Amount	11c Type	Corresponding LM10 Line Number 12 Circumstances of Payment
1/7/2004	\$ 66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
1/29/2004	66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Subcommittee Meeting on behalf of the Fund.
2/4/2004	66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
2/2/2004	396	Remuneration by Check	Travel expenses reimbursed to Union Trustee in conjunction with attendance at the IFEBP Investment Institute, Tucson, AZ on behalf of the Fund.
3/10/2004	66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
3/5/2004	2,219	Remuneration by Check	Travel, Lodging, Meals, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at IFEBP Trustees and Administrators Conference, Orlando, FL on behalf of the Fund.
3/15/2004	128	Remuneration by Check	Lodging, Meals, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at the Monthly Trustees Meeting, Mars, PA on behalf of the Fund.
4/12/2004	235	Remuneration by Check	Travel, Lodging, Meals, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at arbitration hearings in Pittsburgh, PA on behalf of the Fund.
4/12/2004	118	Remuneration by Check	Lodging, Meals, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at the Monthly Trustees Meeting, Mars, PA on behalf of the Fund.
4/7/2004	660	Payment to 3rd Party	Payment to Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for deposit on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
5/4/2004	865	Payment to 3rd Party	Payment to Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for final payment on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
5/4/2004	1,595	Remuneration by Check	Travel, Lodging, Meals, and incidental expenses reimbursed to Union Trustee in conjunction with attendance at IFEBP Investment Institute in Tucson, AZ on behalf of the Fund.
5/5/2004	66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
5/19/2004	66	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Subcommittee Meeting on behalf of the Fund.
6/7/2004	50	Payment to 3rd Party	Payment to Wildwood Linens, 6100 New Jersey Avenue, Wildwood Crest, NJ 08260 for linen rentals in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
6/25/2004	918	Remuneration by Check	Travel, Meals, and incidental charges reimbursed to Union Trustee in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.

Western Pennsylvania Teamsters and Employers Welfare Fund
Form LM10 Expense Reporting
Ronald W. Gibbs, Union Trustee

11a Date	11b Amount	11c Type	Corresponding LM10 Line Number 12 Circumstances of Payment
6/25/2004	(428)	Remuneration by Check	Deduction from reimbursement to Union Trustee for excess accommodation allowance in conjunction with attendance at the Joint Annual Trustees Meeting on behalf of the Fund.
6/29/2004	137	Payment to 3rd Party	Payment to Marda Smith Cleaning Service, 2112 Berry Lane, East Greenville, PA 18041 for cleaning services in conjunction with attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
8/12/2004	226	Remuneration by Check	Travel, Lodging, Meals, and Incidental Expenses reimbursed to Union Trustee in conjunction with attendance at Monthly Trustees Meeting, Upper St. Clair, PA on behalf of the Fund.
8/26/2004	(200)	Refund from 3rd Party	Refund from Diller Fisher, 9614 Third Ave, Stone Harbor, NJ 08247 for security deposit payment on accommodations for Union Trustee's attendance at the Joint Annual Trustees Meeting in Avalon, NJ on behalf of the Fund.
9/3/2004	482	Payment to 3rd Party	Payment to Nemacolin Woodlands Resort & Spa, 1001 Lafayette Drive, Farmington, PA 15437 for Lodging, Meals, and incidental charges in conjunction with attendance at the Joint Trustees Meeting in Farmington, PA on behalf of the Fund.
9/8/2004	186	Remuneration by Check	Travel, Meals, and Incidental charges reimbursed to Union Trustee in conjunction with attendance at the Joint Trustees Meeting in Farmington, PA on behalf of the Fund.
9/16/2004	1,900	Payment to 3rd Party	Attendance at the Joint Trustees Meeting in Farmington, PA on behalf of the Fund.
10/6/2004	66	Remuneration by Check	Payment to International Foundation Conference, PO Box 68-9954, Milwaukee, WI 53268 for Registration Fees and Hotel Deposit in conjunction with attendance at the IFEBP 51st Annual Employee Benefits Conference, Honolulu, HI on behalf of the Fund.
10/8/2004	118	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
11/3/2004	66	Remuneration by Check	Lodging reimbursed to Union Trustee in conjunction with attendance at the Monthly Trustees Meeting, Mars, PA, and refund of overcharge for linens while attending Joint Annual Trustees Meeting in Avalon, NJ, on behalf of the Fund.
11/11/2004	365	Remuneration by Check	Reimbursement to Union Trustee for mileage incurred in conjunction with attendance at the Monthly Trustees Meeting on behalf of the Fund.
12/13/2004	123	Remuneration by Check	Lodging, Meals, and Incidental expenses reimbursed to Union Trustee in conjunction with attendance at the Monthly Trustees Meeting, Mars, PA on behalf of the Fund.
	<u>\$ 10,688</u>		

Name of Person Filing

Ronald W. Gibbs

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein Inv.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 767 5th Ave 21st FloorCity New YorkState New York ZIP Code + 4 10153

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WIPA Teachers + Emp. Pension Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 49 Auto WayCity PittsburghState PA ZIP Code + 4 15206

11.a. Nature of such dealing.

Investment Advisor for Pension Fund

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

Golf, lunch + Refreshments12.b. Amount. \$203.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Name of Person Filing	File Number U-
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8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>High MARIC</u></p> <p>Trade Name, if any: <u>Blue Cross/Blue Shield</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>Fifth AVE PLACE</u></p> <p>Street: <u>120 Fifth AVE Suite P2307</u></p> <p>City: <u>Pittsburgh</u></p> <p>State: <u>PA</u> ZIP Code + 4: <u>15222</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>Western PA Teamsters & Employers Welfare Fnd</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street: <u>50 Penn Circle West</u></p> <p>City: <u>Pittsburgh</u></p> <p>State: <u>Pennsylvania</u> ZIP Code + 4: <u>15206-3612</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administrate W. PA TEAMSTERS Health & Welfare FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Two golf outings + prizes.</u></p> <p>12.b. Amount. <u>\$ 435.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street: <u></u></p> <p>City: <u></u></p> <p>State: <u></u> ZIP Code + 4: <u></u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing

Ronald W. Gibbs

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: *PIMCO*

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: *Suite 300*Street: *840 Newport Center Dr.*City: *Newport Beach*State: *CA* ZIP Code + 4: *92660*

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: *Western PA Teamsters & Employers Welfare Fnd*

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: *50 Penn Circle West*City: *Pittsburgh*State: *Pennsylvania* ZIP Code + 4: *15206-3612*

11.a. Nature of such dealing.

*Money Manager for
W. PA. Teamsters HWEL Fund*

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

*Golf Outing*12.b. Amount. *\$ 47.00*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Name of Person Filing

RONALD W. GIBBS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name VISION BENEFITS OF AMERICA

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 300 WEYMAN PLAZACity PittsburghState PA. ZIP Code + 4 15236-1588

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Western PA Teamsters & Employers Welfare Fnd.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 50 Penn Circle WestCity PittsburghState Pennsylvania ZIP Code + 4 15206-3612

11.a. Nature of such dealing.

VISION provider for W. PA.
Teamsters H&W. Fund.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

GOLF OUTING12.b. Amount. \$47.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____

ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Name of Person Filing

Ronald W. Gibbs

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Meacem Human Resource Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: One PPG Place 27th Floor

City: Pittsburgh

State: PA ZIP Code + 4: 15222-5401

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Western PA Teamsters & Employers Welfare Fnd.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 50 Penn Circle West

City: Pittsburgh

State: Pennsylvania ZIP Code + 4: 15206-3612

11.a. Nature of such dealing.

Consultant for W. PA Teamster
H&W FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf outing + lunch

12.b. Amount.

\$135.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



August 12, 2005

RE: L.M. 30 report for Teamsters Local 397
Secretary Treasurer Business Agent Ronald W. Gibbs

US Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210

Dear Sir or Madame,

Enclosed please find the above referenced L. M. 30 report for the fiscal year January 1, 2004 through December 31, 2004.

Should I become aware of any additional information that should have been provided on this report, I will forward that information to you as soon as possible in an amended L.M. 30 report.

Sincerely,

Ronald W. Gibbs
Secretary Treasurer
Business Agent
Teamsters Local 397

Via: Certified Mail #7003 1680 0002 2033 8085